

R

RECEIVED
CENTRAL FAX CENTER

MAR 29 2006



Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
<http://www.vrtx.com>

FAX TRANSMISSION

To	USPTO
Examiner	Rebecca Anderson
Group Art Unit	1626
From	Daniel A. Pearson
Date	March 29, 2006
Application No.	10/626,356
Attorney Docket No.	VPI/00-122 DIV2 US
Amendment and Reply to Office Action	
Total Pages	28

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6790 immediately.

Attorney Docket No.: VPI/00-122 DIV2 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/626,356
Confirmation No.: 1551
Filing Date: July 24, 2003
Examiner: Rebecca L. Anderson
Group Art Unit: 1626
Applicants: Michael R. Hale et al.
For: ISOXAZOLE COMPOSITIONS USEFUL AS INHIBITORS OF ERK

RECEIVED
CENTRAL FAX CENTER
MAR 29 2006

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent Office on March 29, 2006.

Lisa M. Romano

Lisa M. Romano

Signature

March 29, 2006
Cambridge, Massachusetts

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] an Amendment and Reply to Office Action; [X] a Petition for Two-Month Extension of Time; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants: Michael R. Hale et al.
Application No. 10/626,356

FEE FOR ADDITIONAL CLAIMS

- A fee for additional claims is not required.

A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	* c =	X \$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+ \$360	= \$	

- A check in the amount of \$____ in payment of the filing fee is transmitted herewith.
 - Please charge \$____ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
 - The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Michael R. Hale et al.
Application No. 10/626,356

EXTENSION FEE

- The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a);
 \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- Please charge the extension fee in the amount of [] \$120.00; \$450.00; \$1,020.00; \$1,590.00; \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- Please charge \$ _____ to Deposit Account No. 50-0725 in payment of the for _____ (37 C.F.R. § _____).

Respectfully submitted,



Daniel A. Pearson, Reg. No. 58,053
Agent for Applicants
Karen E. Brown, Reg. No. 43,866
Attorney for Applicants
c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6790
Fax: (617) 444-6483
Customer No. 27916